



# Army Health Promotion and Risk Reduction Campaign

Army Health Promotion and Risk Reduction Campaign

## DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

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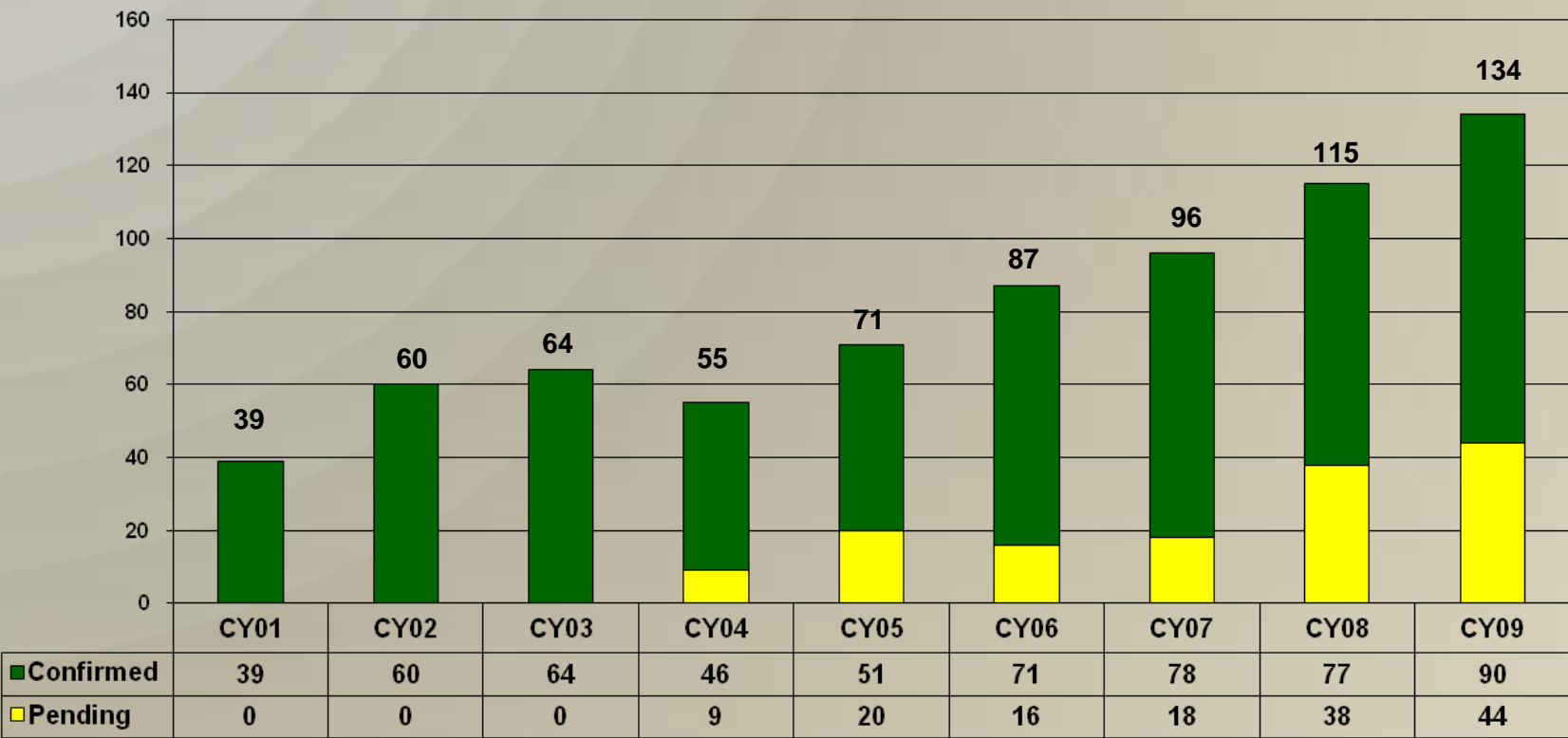
10 November 2009



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# Army Health Promotion and Risk Reduction Campaign

## Active Duty Suicides Comparison 01 Jan – 02 Nov (CY01 – CY09)



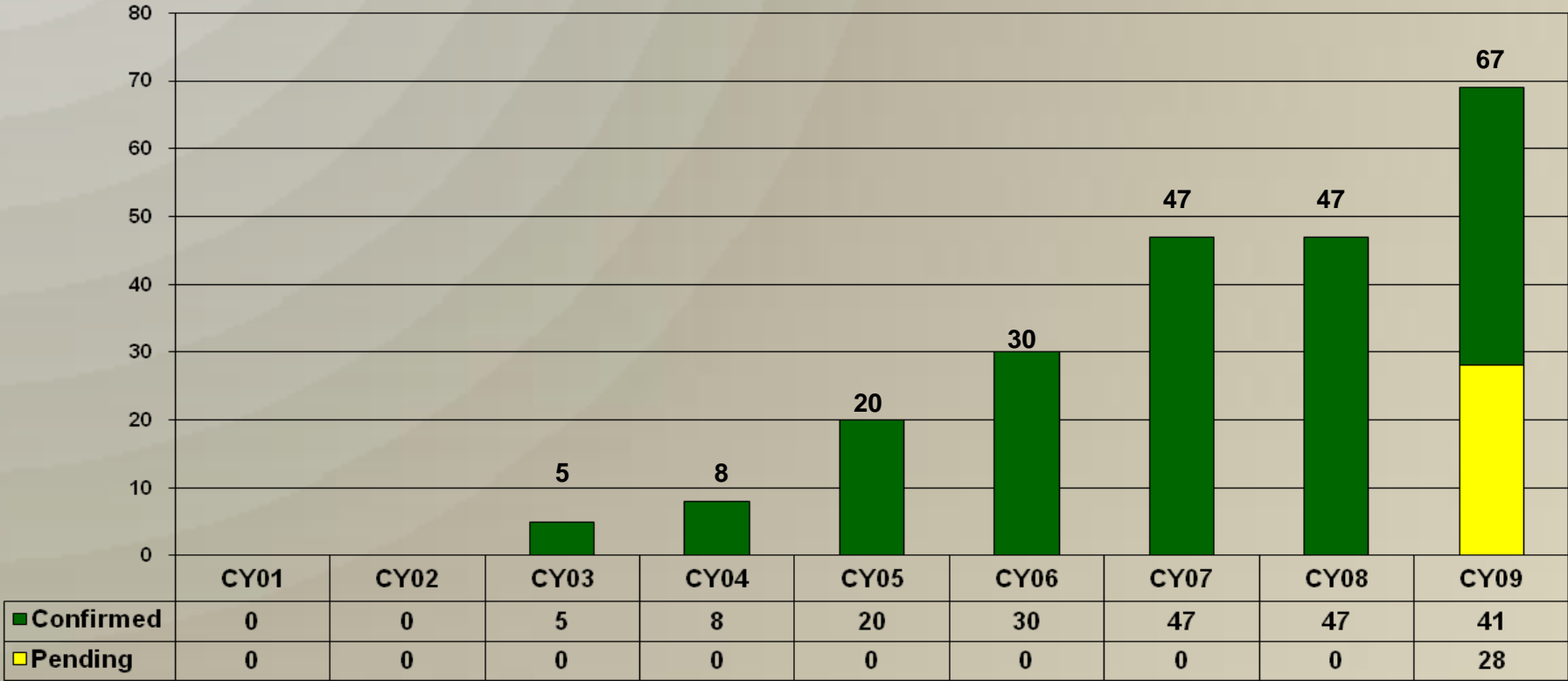
- Data include Active Duty: Active Army (includes Cadets), USAR, ARNG
- Source: DCIPS and AFME

**Note: Year-to-Date “Pending” Data not available for CY01 - CY03**



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## Not On Active Duty Suicides Comparison 01 Jan – 02 Nov (CY01 – CY09)



Source: ARNG Directorate and US Army Reserve Command

- Note:**
- ARNG Year-to-Date "Pending" Data not available for CY01 - CY08
  - ARNG "Confirmed" Data not available for CY01
  - USAR Year-to-Date "Pending" Data not available for CY01 - CY08
  - USAR "Confirmed" Data not available for CY01 - CY04



# Army Health Promotion and Risk Reduction Campaign

Transformation, Institutional Risk and Soldier Behavior



# Army Health Promotion and Risk Reduction Campaign

## Transformation and Institutional Risk

### Pre-Transformation Army

- Div Cdr-centric leadership
- Linear Focused Battlemind
- Doctrine-based decision-making
- “Order and Discipline”
  - Inspections
  - Inventories
  - Accountability
- Training-centric
  - “Train how we will fight” / “As a team”
- UCMJ / administrative separations
  - Drug / alcohol abuse
  - Infidelity
  - Personal Fitness and Weight Control

### Transformed Army

- BCT Cdr-centric leadership
- Full Spectrum Battlemind
- Experimentation / creative solutions tested in combat
- “Hot-seat” unit equipment
  - Ownership at RIP
  - NET at arrival in Theater
- Mission-centric
  - “Train as we are fighting”
  - “Build the Team at Mob Station / MRX”
- Preserve unit strength
  - Deploy at max strength
  - Reduce separations

Reduce Risk = Success

Risk Taking = Success

*“Full spectrum operations require leaders schooled in independent decision making, aggressiveness, and **risk taking** in an environment of mission orders and mission command at every level.” FM 3-0*



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No / Low Risk



Moderate Risk

## Indications of Increasing Risk

- Infidelity
- Excessive alcohol use / abuse
- High risk driving
- Multiple drug use offenses
- Opiate-based drug misuse
- Sleep deprivation
- Erratic behavior
- UCMJ violations
- Extreme financial hardship
- Sexual / psychological abuse



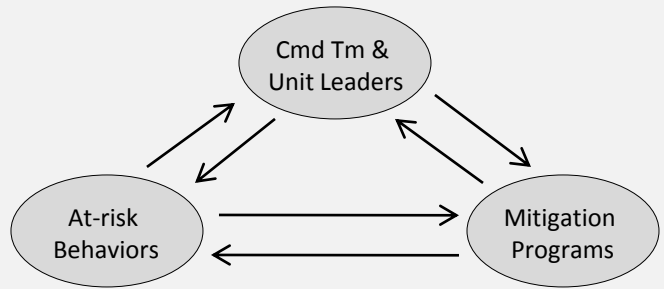
High Risk



- Ideations →
- Gestures →
- Attempts →
- Completions →

- Intervention
- Management
- Postvention
- Investigation

- Outpatient Counseling
- Inpatient Counseling
- Hospitalization
- Unit Postvention

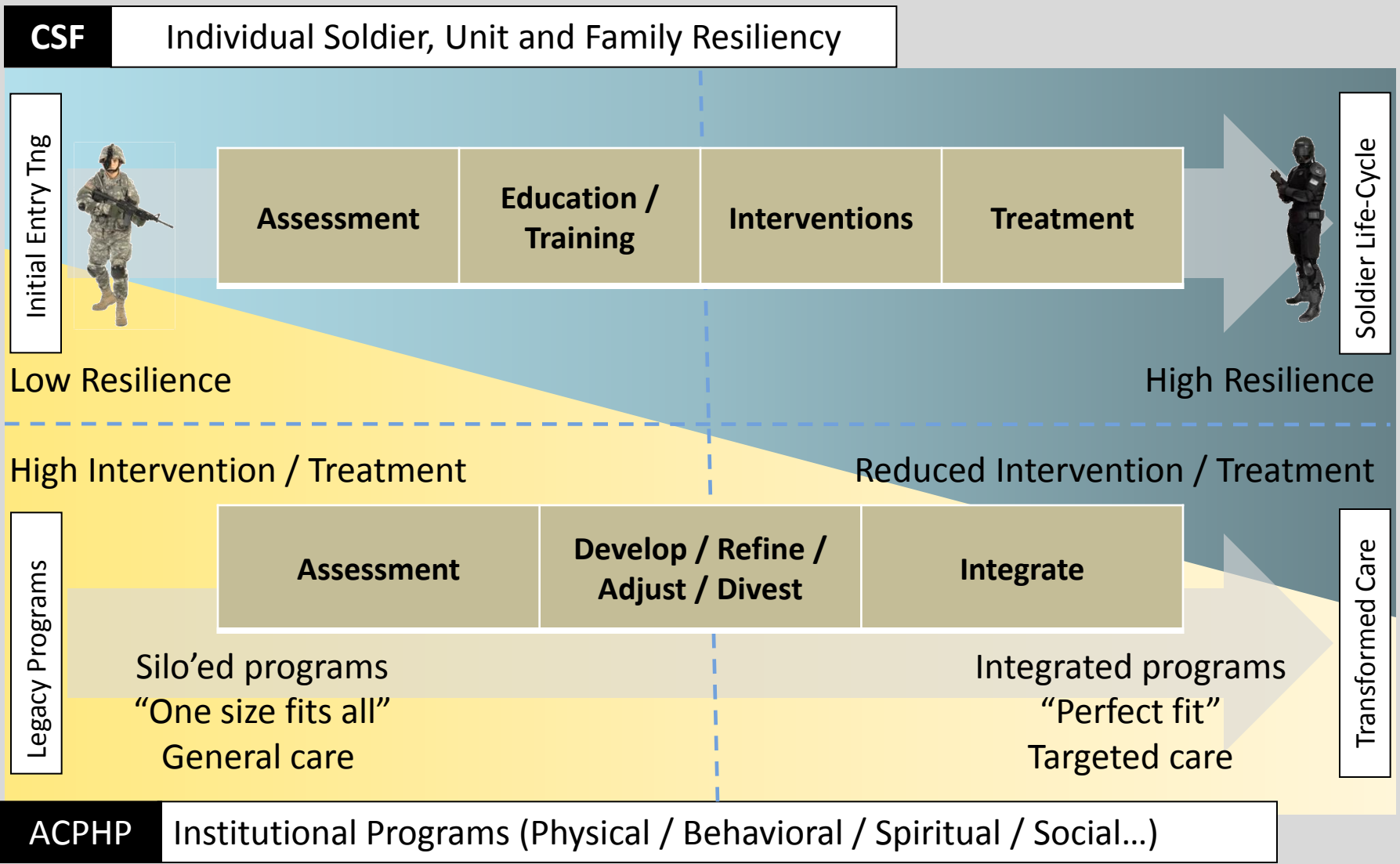


## Mitigation

- Relationship counseling
- Financial counseling and assistance
- Administrative separation
- Increased drug use testing
- Review for medical retirement
- Non-judicial punishment
- In-patient treatment



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ASB

Findings: redundant / disparate programs and organizations

- No standard suicide mitigation program in the Army
- 30 different programs with a role in suicide mitigation or prevention
- 32 different organizations with a role in suicide mitigation
- 27 different major data bases that contain suicide information

## Other Counseling / Training / Mitigation / Support Programs and Resources:

ACS; AFTB; ASAP; Military OneSource; EFMP; AFAP; FAP; Financial Readiness; Housing Counseling; Waiting Families; FRGs; Virtual Family Groups; OPREADY; Relocation Readiness; Parent Support and Education; New Parent Support; Army Education Centers; Opn: Military Kids; Opn: Child Care; Youth Leadership Forums; BOSS; Strong Bonds; VA; MFLC; Victim Advocacy; SHARP; Ethics; Battlemind Tng; Army family financial spt; Health benefits awareness; Stress Inoculation Training; AER; Army Red Cross; MWR; SWAP; Respect-Mil; QPR; EO; ACAP; etc.





# Army Health Promotion and Risk Reduction Campaign

## Army STARRS Study (NIMH)

- **Study to Assess Risk and Resilience in Service Members**
- Collaboration between USUHS (lead), Michigan, Harvard, Columbia
- Ultimate goal of study is to develop data-driven methods for mitigating or preventing suicide behaviors and improving the overall mental health and behavioral functioning of Army Personnel
  - Identify modifiable risk and protective factors associated with suicide, mental disorders, and psychological resilience
  - Perform cross-sectional and longitudinal evaluation of active and reserve Soldiers across all phases of Army service
  - Collaborate with Army to design and evaluate interventions for reducing risk and enhancing resilience
- Update will be provided to Army in next few weeks



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## Way Ahead

- Expand the Task Force focus to include examination and assessment of the full scope of programs that attend to the overall mental health and well being of the force
  - Identify / categorize / assess plans and programs that address Army “stressors”
- Army STARRS study support
- Development of metrics and standards to measure program success



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Questions / Discussion